



PATENT  
ATTORNEY DOCKET NO. 00786/351004

Certificate of Mailing: Date of Deposit: March 2, 1999

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231.

Lisa Fothergill  
Printed name of person mailing correspondence

Lisa Fothergill  
Signature of person mailing correspondence



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gary Ruvkun et al.

Art Unit:

Serial No.: 09/205,658

Examiner:

Filed: December 3, 1998

Title: THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED  
GLUCOSE TOLERANCE CONDITIONS

Assistant Commissioner of Patents  
Washington, D.C. 20231

REPLY TO NOTICE TO FILE MISSING PARTS

In reply to the Notice to File Missing Parts of Application mailed January 5, 1999

(a copy of which is enclosed), Applicant as a small entity submits herewith the following:

- ☒ A Combined Declaration and Power of Attorney in compliance with 37 CFR 1.63.
- ☒ Payment of the surcharge of \$65.00 for late filing of the declaration.
- ☒ A signed small entity statement.

If there are any charges, or any credits, please apply them to Deposit Account No.

03-2095.

Respectfully submitted,

Date:

March 2, 1999

  
Karen L. Elbing, Ph.D.

Reg. No. 35,238

Paul T. Clark  
# 36,162

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\\Ceserver\documents\00786\351xxx\00786.351004 Reply to Notice of Missing Parts & Assignment Recordation Form.wpd



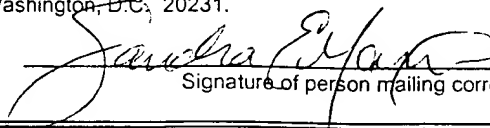
## Certificate of Mailing

Date of Deposit December 3, 1998Label Number: EE632489272US

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Sandra E. Marxen

Printed name of person mailing correspondence

  
Signature of person mailing correspondence

## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

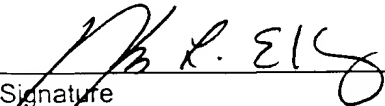
Attorney Docket Number	00786/351004
Applicant	Gary Ruvkun et al.
Title	THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS

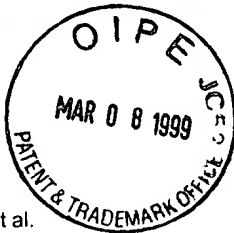
## PRIORITY INFORMATION:

This application is a continuation-in-part of PCT/US98/10080, filed May 15, 1998, which is a continuation-in-part of U.S.S.N. 08/888,534, filed July 7, 1997, and U.S.S.N. 08/857,076, filed May 15, 1997.

## APPLICATION ELEMENTS:

Cover sheet	1 pages
Specification	217 pages
Claims	5 pages
Abstract	1 pages
Drawing	69 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$760/\$380	\$ 380.00
Excess Claims Fee: 35 - 20 x \$9/\$18	\$ 135.00
Excess Independent Claims Fee: 11 - 3 x \$78/\$39	\$ 312.00
Multiple Dependent Claims Fee: \$260/\$130	\$ 130.00
Total Fees:	\$ 957.00
<input checked="" type="checkbox"/> Enclosed is a check for \$957.00 to cover the total fees. <input type="checkbox"/> Charge [ <b>**AMOUNT**</b> ] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature	<u>3 December 1998</u> Date



ATTORNEY DOCKET NO. 00786/351004

**Applicant or Patentee** : Gary Ruvkun et al.  
**Serial or Patent No.** : 09/205,658  
**Filed or Issued** : December 3, 1998  
**Title** : THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

**Name of Organization:** The General Hospital Corporation  
**Address of Organization:** 55 Fruit Street, Boston, MA 02114  
**Type of Organization:**

- ☐ University or Other Institution of Higher Education  
☒ Tax Exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))  
☐ Nonprofit Scientific or Educational under Statute of State of the United States of America  
Name of State:  
Citation of Statute:  
☐ Would Qualify as Tax Exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) If Located in the United States of America  
☐ Would Qualify as Nonprofit Scientific or Educational under Statute of State of the United States of America If Located in the United States of America  
Name of State:  
Citation of Statute:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS by inventors Gary Ruvkun and Scott Ogg described in

- ☐ the specification filed herewith.  
☒ application serial no. 09/205,658, filed December 3, 1998.  
☐ patent no. [\*\*PATENT NUMBER\*\*], issued [\*\*ISSUE DATE\*\*].

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

**Full Name:**

**Address:**

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

**Name:** David J. Glass, Ph.D.

**Title:** Associate Director for Patents, Office of Technology Affairs

**Address:** Massachusetts General Hospital, Thirteenth Street, Bldg. 149, Suite 1101, Charlestown, MA 02129

**Signature:** 

**Date:** Jan 22, 1999

DAVID J. GLASS, Ph.D.  
ASSOCIATE DIRECTOR FOR PATENTS  
OFFICE OF TECHNOLOGY AFFAIRS